

I. Center Identification

Organization Name: GLEN LEHMAN ENDOSCOPY SUITE

Street Address: 550 N. University Blvd.

City: Indianapolis, Indiana 46202

County: Marion

ASC Web Address: | |dipalmo@iuhealth.org

Fiscal Year: 2012

Name of Accrediting Body: AAAHC

Corporate Tax Status:

For Profit Non Profit

II. Identification of Surgical Resources

| Number of operating rooms | 1 |
|---------------------------|---|
| Number of procedure rooms | 9 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|---|-----------------------|-------------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 4257 | 4662 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | | Total Procedures |
| 45385 | | 764 |
| 43239 | | 596 |
| 43259 | | 570 |
| 45380 | | 558 |
| 45378 | | 484 |
| 43242 | | 443 |
| 43235 | | 291 |

| 43248 | 171 |
|-------|-----|
| 43258 | 92 |
| 45341 | 61 |

IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following a surgical | 0 |
|---|---|
| encounter. | |